iv. to establish viable communication between Ayurveda and modern sciences and translating traditional standards into modern scientific parameters for global positioning of Ayurveda; and

v. to develop and document best practices, safety and efficacy data and standard treatment protocols of Ayurveda.

(d) Yes. The proposed institute will be developed as a referral and research hospital and receive patients referred by National Institute of Ayurveda, Jaipur and other Ayurvedic Hospitals in the country.

Opening of AIIMS like institutions

†785.SHRI RUDRA NARAYAN PANY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that an announcement was made by Government that on the pattern of All India Institute of Medical Sciences, institutions at six different places of the country, would be opened;

(b) if so, the progress made so far in this regard; and

(c) if not, whether there is any fresh proposal to open such institutions?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes, the Government approved the proposal in 2006 for setting up of six AIIMS-like institutions in the first phase of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY).

(b) The Design-DPR Consultants selected for preparation of designs and the Detailed Project Reports (DPRs) have submitted the DPRs for medical college and hospital complex. Project Consultants have also been appointed at all sites and work is expected to start in September, 2009 and get completed by the end of 2011.

The availability of faculty/medical staff is key to efficient running of these institutions. The work of construction of residential complexes has, therefore, been taken up on priority work has started at all 6 Sites and will be completed at all sites by the end of 2010.

(c) In addition, it has also been decided to set up two more new AIIMS-like institutions, one each in West Bengal and Uttar Pradesh in the second phase of PMSSY.

Review of functioning of CGHS

786. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has reviewed functioning of Central Government Health Scheme;

(b) if so, the details thereof;

†Original notice of the question was received in Hindi

(c) whether any change in the implementation of the scheme has been made in the last two years and if so, the details thereof;

(d) whether Government has any plan to alter/modify and improve the scheme; and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (e) Revamping of the functioning of the CGHS is a continuous process. Recent initiative taken by the CGHS to make to more user friendly are:

(i) Commencement of computerisation of CGHS. It has been completed in Delhi and will be extended in other cities in a phased manner.

(ii) In order to provide more options for treatment in private hospitals for CGHS beneficiaries, CGHS introduced the scheme of "Continuous Empanelment Scheme" whereby private hospitals and diagnostic centres which fulfilled the terms and conditions for empanelment and accepted the rates fixed for that city were empanelled under CGHS after being recommended by the Quality Council of India. This scheme has now been discontinued.

(iii) It has been decided that private hospitals/ diagnostic centres to be empanelled under CGHS should have NABH/NABL accreditation.

(iv) As there was hardly any hospital in the list of empanelled hospitals providing treatment to CGHS beneficiaries who are cancer patients, instructions have been issued to authorities to give permission to cancer patients in any hospital providing treatment for cancer patients and reimbursement made as per rates for year 2001-02.

(v) As no private hospital/diagnostic centre was willing to be empanelled under CGHS, in Mumbai, Shillong and Thiruvananthapuram, instructions have been issued to permit CGHS beneficiaries, in these three cities, to get treatment in any hospital and get reimbursement as per the rates fixed for that city.

(vi) A pilot project has been introduced in CGHS Delhi to place indents directly on manufacturers for support of drugs on rate contract basis. This has resulted in most of the beneficiaries in these dispensaries getting medicines on the same day.

(vii) To tide over the shortage of medical officers in dispensaries, approval of the Government was conveyed to CGHS for recruiting retired medical officers on contract basis for a period of 2 years.

(viii) CGHS has been holding claims adalats every year to settle any old pending unsettled claims.

(ix) As part of computerisation process, it has been decided to issue plastic cards individually to each beneficiary of the CGHS. This will enable beneficiaries to avail CGHS facilities in any CGHS city after the process of computerisation and networking of cities is completed.

(x) As part of Public Private Partnership, CGHS and Hindustan Latex Ltd. (HLL) have entered into a MOU to running a diagnostic centre at CGHS dispensary premises in Sector XII in Ramakrishna Puram, New Delhi.

(xi) Ministries/Departments have been delegated powers to handle all medical reimbursement cases if no relaxation of rules is involved.

(xii) As there is perennial shortage of Group D staff in the CGHS, it has been decided on a pilot project basis to outsource cleaning work for mechanised cleaning. The existing Group D staff in these dispensaries have been relocated in other dispensaries where vacancies exist.

(xiii) Due to paucity of funds, settlement of bills of private hospitals and diagnostic centres get delayed with the result that many private hospitals and diagnostic centres refused to extend credit facility to pensioner CGHS beneficiaries. To overcome the problem, it has been decided to engage Third Party Administrators (TPA) to processing of bills and release of payments electronically through a bank within a fortnight. After the bank makes the payment through electronic medium, it will lodge its claim in the CGHS to recoupment of the payments made. CGHS will then carry out medical audit of the bills passed for payment by the TPA.

(xiv) Two geriatric centres for CGHS beneficiaries have been set up at Timarpur and Janakpuri in Delhi.

(xv) Instructions have been issued for CGHS beneficiaries to claim reimbursement of expenses from two sources, first from the insurance agency if the beneficiary had obtained mediclaim policy and then from the CGHS for the balance amount subject to the condition that the reimbursement from the two sources did not exceed the actual expenditure and also that reimbursement from CGHS will be limited to package rate fixed for the treatment.

(xvi) Instructions have been issued for revising dependency criteria for family members of a CGHS beneficiaries to avail CGHS treatment.

(xvii) Son of a CGHS beneficiary is entitled to CGHS facility till the age of 25 years or till he starts earning or he gets married, whichever is earlier. Taking a lenient view, instructions have been issued to permit sons of CGHS beneficiaries to avail CGHS facility if they are permanently disabled. The disabilities included for this purpose are the disabilities defined in Section 2(i) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 (No.1 of 1996).

Memorandum for changing DCI Regulations

787. SHRI SATYAVRAT CHATURVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Dental Council of India (DCI) and the Hon'le Minister have received representations from MPs/ MLAs to make changes in the DCI Regulation denying permission to